



*The Ladies of the Knights of Columbus
Membership Application*

NAME _____

ADDRESS _____

APT # _____

CITY, STATE, ZIP _____

TELEPHONE CONTACT (home) _____

(work) _____ (cell) _____

May we contact you at work? yes__ no__

E-Mail _____

Family Information:

Husband/Significant Other _____

Children's name and age _____

Interests and hobbies _____

Committees/activities that you would be interested in: _____

Signature _____ Date _____